DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 5/09/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445486	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGETOP HAVEN HEALTH CARE CENTER	2002 GREER ROAD RIDGETOP, TN 37152

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K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the corridor doors. The finding included: Observation above room 2 on 3/23/2015 at 1:51 p.m., revealed a penetration through the corridor door. This finding was verified by the business office employee and acknowledge by the administrator during the exit conference on 3/23/2015.	K 018	On March 25, 2015 the Maintenance Director filled penetrations in the ceiling above room 2 with fire rated caulking. On March 25, 2015 the Maintenance Director inspected other fire walls and no other concerns were identified. On April 6, 2015 the Maintenance Director was in-serviced by the Administrator on the importance of maintaining fire walls. The inspection of walls penetrations has been added to the preventative maintenance program to be checked on a quarterly basis. The Administrator or designee will monitor compliance during compliance rounds and on an ongoing bases. Findings from the compliance rounds will be referred to the Safety Committee for review and recommendations as needed. The Safety Committee, which meets monthly, consists of the Administrator, Maintenance Director, Director of Nursing, Assistant Director of Nursing, Human Resource Director, and the Social Service Director.	4-10-15
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 022		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Scott A Rell | Administrator | 4/10/15

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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K 022	Continued From page 1 Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the exits signs. The finding included: Observations on 3/23/2015 at 10:18 a.m., revealed the exit signs was not functioning properly in the following locations; near rooms 18 and 10. National Fire Protection Association (NFPA) 101, 7.10.5.1, 2000 Edition. This finding was verified by the business office employee and acknowledge by the administrator during the exit conference on 3/23/2015.	K 022	On March 24, 2015 the Maintenance Director replaced the light blubs in the exit signs next to room 18 and room 10. On March 24, 2015 the Maintenance Director inspected all other exit lights, and all were noted to be in working order. On April 6, 2015 the Maintenance Director was in-serviced by the Administrator on the importance of maintaining the exit lights. The inspection of the exit signs has been added to the preventative maintenance program to be checked on a monthly basis. The Administrator or designee will monitor compliance during compliance rounds and on an ongoing bases. Findings from the compliance rounds will be referred to the Safety Committee for review and recommendations as needed.	
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each	K 025		4-10-15

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K 025	Continued From page 2 floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke/fire barrier. The findings included: 1. Observation on 3/23/2015 at 9:51 a.m., revealed unapproved fire stop material (foam) and ceiling penetrations (currently working project due to plumbing issue) in the maintenance director office. NFPA 101, 8.2.3.2.4.2, 2000 Edition. 2. Observation on 3/23/2015 at 1:51 p.m., revealed one penetration (black wire) above the fire wall doors near room 1. NFPA 101, 8.2.3.2.4.2, 2000 Edition. These finding were verified by the business office employee and acknowledge by the administrator during the exit conference on 3/23/2015. C/O # 35867	K 025	On March 25, 2015 the Maintenance Director filled in the penetration above the fire doors near room 1 with fire rated caulking. On March 23, the Maintenance Director removed the foam and the damaged ceiling in the maintenance office. Before May 9, 2015 the Maintenance Director will replace the damaged ceiling and will use fire rated caulking. On March 25, 2015 the Maintenance Director inspected other fire walls and identified no other concerns. On April 6, 2015 the Maintenance Director was in-serviced by the Administrator on the importance of maintaining fire walls. The inspection of fire walls penetrations has been added the preventative maintenance program to be checked on a quarterly bases. The Administrator or designee will monitor compliance during compliance rounds and on an ongoing bases. Findings from the compliance rounds will be referred to the Safety Committee for review and recommendations as needed.	
K 029 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system	K 029		5-09-15

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K 029	Continued From page 3 option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the hazardous areas. The findings included: 1. Observation on 3/23/2015 at 9:47 a.m., revealed a 18 '' by 18 '' cut out in the 1 hour rated wall in the mechanical room (basement). 2. Observation on 3/23/2015 at 9:51 a.m., revealed the mechanical room (basement) had penetrations through the ceiling and wall. 3. Observation on 3/23/2015 at 9:51 a.m., revealed unapproved fire stop material (foam) in the mechanical room (basement) on the wall and ceiling. NFPA 101, 8.2.3.4.2(2)(a), 2000 Edition. These finding were verified by the business office employee and acknowledge by the administrator during the exit conference on 3/23/2015.	K 029	On April 7, 2015 the Maintenance Director removed metal vent in the mechanical room and repair it with fire rated dry wall. On March 24, 2015 the maintenance director filled in the penetrations in the ceiling and wall in the mechanical room, removed the foam and replaced it with fire rated calking. On March 25, 2015 the Maintenance Director inspected other fire walls and identified no other concerns. On April 6, 2015 the Maintenance Director was in-serviced by the Administrator on the importance of maintaining fire walls. The inspection of walls penetrations has been added the preventative maintenance inspection program to be checked on a quarterly bases. The Administrator or designee will monitor compliance during compliance rounds and on an ongoing bases. Findings from the compliance rounds will be referred to the Safety Committee for review and recommendations as needed.	
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064		4-10-15

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✓K 064	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire extinguishers. The finding included: Observation on 3/23/2015 at 10:17 a.m., revealed a fire extinguisher was blocked by 4 soiled utility bins in the soiled laundry room. NFPA 10:1-6.3, 1998 Edition. This finding was verified by the business office employee and acknowledge by the administrator during the exit conference on 3/23/2015.	K 064	On March 23, 2015 the Housekeeping Supervisor removed the soiled utility from in front of the fire pull station. On March 25, 2015 the Maintenance Director checked other fire pull stations and there were no other pull stations blocked. On April 6, 2015 the Administrator in-serviced the Maintenance Director on the importance of ensuring the fire pulls stations are not blocked. On March 23, 2015 the laundry personnel was in-serviced by the Administrator on the importance of ensuring the fire pull stations are not blocked. The inspection of fire pull station being blocked has been added to the preventative maintenance program to be checked on monthly bases. The Administrator or designee will monitor compliance during compliance rounds and on an ongoing bases. Findings from the compliance rounds will be referred to the Safety Committee for review and recommendations as needed.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility overloaded the electrical system. The finding included: 1. Observation of room 4 on 3/23/2015 at 9:04 a.m., revealed an oxygen concentrator plugged into a power strip. NFPA 99, 3-3.2.1.2(d)(2), 1999 Edition. 2. Observation on 3/23/2015 at 10:00 a.m., revealed on air condition unit (window) was	K 147		4-10-15

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K 147	Continued From page 6 plugged into an extension cord in the basement storage room (next to the mechanical room). NFPA 70, 400-8, 1999 Edition. These finding were verified by the business office employee and acknowledge by the administrator during the exit conference on 3/23/2015.	K 147	On March 23, 2015 the Maintenance Director removed the Oxygen concentrator power cord from the power strip and removed the extension cord from the storage room. On March 24, 2015the Maintenance Director checked all other oxygen concentrators for power strips. Rooms were also checked for the use of extension cords and identified no other concerns. On April 6, 2015 the Maintenance Director was in-serviced by the Administrator on the importance of not overloading the electrical system. On April 1, 2015 the staff was in-serviced on proper use of power strips and facility policy for not using extension cords. The inspection of rooms for proper use of power strips and the use of extension cords has been added to the preventative maintenance program to be checked on monthly bases. The Administrator or designee will monitor compliance during compliance rounds and on an ongoing bases. Findings from the compliance rounds will be referred to the Safety Committee for review and recommendations as needed.	4-10-15